

**Arizona Early Childhood Development and Health Board  
Policy and Program Committee  
Meeting Minutes  
February 5, 2015**

**Call to Order, Welcome and Introductions**

The Regular Meeting of the First Things First Arizona Early Childhood Development and Health Board Program Committee was held on February 5, 2015 at First Things First Board Room, 4000 North Central Avenue, Phoenix, Arizona 85012.

Chair Decker called the meeting to order at 10:04 a.m.

**Roll Call**

Cynthia Chavarria performed a roll call.

Members Present: Bill Berk (P), Mary Ellen Cunningham, Colleen Day Mach(P), Janice Decker, Kevin Earle, Vivian Juan Saunders, William Rosenberg, Laurie Smith, Senator Ruth Solomon(P), Kim Van Pelt, Terry Doolan for Amy Corriveau

Members Absent: Dr. Randal Christensen, Naomi Karp, , Alan Taylor, Brad Willis

Members Berk, Day Mach and Solomon participated in the meeting by telephone.

Chair Decker introduced new Members, Kevin Earle and William Rosenberg. Member's Earle and Rosenberg gave a brief introduction of their work history. Chair Decker announced that Verna Johnson will also join the Committee in May.

Karen introduced Debi Mathias, Director of Quality Rating and Improvement Systems (QRIS) and Sherri Killins, Director of Systems Alignment and Integration, both from the National Build Initiative who'll be working with the Quality First Advisory Sub-Committee and the Early Identification Advisory Sub-Committee.

Chair Decker announced she will step down from the Chair position wither her last meeting being in May and introduced Vivian Juan Saunders as the new Chair to step in after the May meeting.

**Telephonic Participation of Committee Members**

Chair Decker called for a motion on remote participation for Member participation from all means available now and in the future when not able to attend in person. Member Earle moved that the Policy and Program Committee approve that members may also participate in meetings remotely, using telephone, video or internet conferencing and any remote means available now and in the future for the Program Committee. Seconded by Member Van Pelt. All in favor, none opposed. Chair Decker voted aye and motion passed.

**Review and Possible Approval of Meeting Minutes**

Chair Decker called for a motion to approve the meeting minutes of October 23, 2014 as presented. Member Cunningham motioned to approve the minutes as presented. Seconded by Member Van Pelt. Member Early abstained. All in favor, none opposed. Chair Decker voted aye and motion passed.

**Advisory Sub-Committees Update: Quality First and Early Identification of Developmental Delay**

Chair Decker introduced the next agenda item and clarified that the previous Advisory and Sub-Committees of the Policy and Program Committee were dissolved as of the end of calendar year 2014. New committees would be created as needed with a finite term and task. This led to the formation of the following two new Advisory Sub-Committee presentations.

Leslie Totten introduced the new Quality First Advisory Sub-Committee and announced that 20 members participated at the first meeting of February 3, 2015 and she reviewed the handouts provided. The next meeting will not take place until March 31<sup>st</sup> after the Quality First Validation Study is completed so as not to influence the work of the validation study. The Sub-Committee addressed what we would like the Quality Initiative to look like in the next 10 years. National Facilitators are working with this Sub-Committee. At the next meeting we will finalize discussions on guiding principles and goals for the year and looking at current data to inform our process. Member Cunningham asked if anyone on the Sub-Committee is representing family engagement? First Things First (FTF) will be looking at working with the Regional Partnership Council (RPC) Parent Representatives and will consider inviting Parents aside from RPC to the Sub-Committee. Member Cunningham shared that the Arizona Department of Health

Services has a contract for their parent participants to pay them for their time as an incentive which may be helpful for FTF to do something similar. Member Solomon commented on Arizona Families First, which provides support for substance abuse treatments for parents and supports for their families and children, and wonders what connection and/or collaboration FTF has with them. Ms. Woodhouse was not familiar with this group but will work with Member Solomon for more information and to reach out to them.

Dr. Karen Peifer introduced the new Early Identification School Readiness Indicator Advisory Sub-Committee. Sixteen out of 17 members participated at the first meeting on January 29, 2015. When the ten School Readiness Indicators were first developed, the indicator specifically for early identification of developmental delays was problematic and we didn't have sufficient population data so it was put on hold. In moving this indicator forward FTF in partnership with St. Luke's Health Initiative, hired Dr. Charlie Bruener from the Build Initiative to complete an assessment for the State and we're also working through the Early Childcare Comprehensive Systems (ECCS) Grant in doing work around early identification on developmental delays. With the creation of this new Sub-Committee, at the first meeting we discussed the issues, process and laid out guidelines for the coming system level work. We're looking at whether we could capture a child level indicator with population based data that might be available through the AHCCCS Plan or Medicaid Plan and we're currently in the discussion phase. We laid out the conceptual framework, the history and where we're going and at the next meeting we will look at data sources to see if the information we want is available and accessible or if we need to collect additional data. The goal is that within the next few months we'll have recommendations on this indicator for the Policy and Program Committee. Member Cunningham asked what specific data is needed? Dr. Peifer responded that they're looking at pooling whatever resources, data and updated information on policy changes are available.

One area that has changed is that as of April 2014 AHCCCS has started reimbursing medical providers for developmental screenings in clinics. We're also looking at Head Start data and any other sources including the integrated home visitation data system. We're looking at what data is available to track a population based indicator. We're also looking at the state of Oregon in terms of a child level indicator. They've done collaborative work in looking at developmental screenings in 15 of their counties and have been able to track this and 20.9% of children were getting their screenings in 2011 and went up to around 38% in 2013 which is a significant increase and we're hoping to look at their process.

The Affordable Care Act is also emphasizing prevention and in getting children in for their well child visits so there's lots of incentives being built around this area. The idea is getting children screened early and into existing services to keep them from being identified when they get into kindergarten. Originally the indicator was for the number and percent of children with developmental delays identified in kindergarten, great conceptually because we want them to be identified early because you want that downward trend but there was no way to measure it. Also participating on the Sub-Committee is strong representation from the Tribes.

Member Van Pelt who also sits on the Sub-Committee stated that the emphasis is getting the data from AHCCCS recognizing that over half of the children in the system are enrolled through them. So looking at indicators, screenings within AHCCCS and looking at how to strengthen those indicators and how to make the information more meaningful. There is data elsewhere but if you want to see where most kids are, looking at the data through AHCCCS would have the most impact. There is an opportunity to look at how meaningful the data is and how to use it. Historically, AHCCCS has paid for PEEDS and this data may still be available. Some states like Iowa have been looking at children at risk and using Medicaid to provide services. The head of the Iowa Medicaid agency was formerly from JLBC in Arizona is very familiar with our system and there may be some opportunities to work with them. St. Luke's Health Initiative is also working with Tony Rodgers, former head of the Medicaid System in Arizona to look at what's happening in other states nationally on innovation. What's striking is how states are getting innovative on how they use their Medicaid programs and how to figure out leveraging this program.

Member Smith commented that once you start harnessing that data, there will be rural places that don't have speech, health and other types of care and wonders how this lack will be addressed. For instance, has FTF considered leveraging help through rural schools if that's allowable? Dr. Peifer replied that these gaps are being considered and that including rural communities fits in with the work being done through the ECCS grant and how to leverage the funds with what others are doing and what things medicare reimburses for.

#### **Accountability for Sub-Committee Results (Discussion)**

The Policy and Program Committee has considered a written report being submitted for each meeting our meetings and being presented by the Advisory Sub-Committee Chairs when available. These reports would be available as part of meeting packets prior to Program Committee meetings so members can review and prepare questions.

## **FY16 FTF Systems Approach Framework for Programmatic Priorities – Comprehensive Assessment System**

Ms. Woodhouse reviewed the seven initiative areas and the comprehensive assessment system document. First Things First (FTF) found we were having separate discussions on specific areas like early learning, family support and early literacy, and children's health. We wanted to think more across the board on where FTF is investing funds and all the work we're doing with our partners collectively. The initiative areas align with the nine FTF priority roles and our 10 School Readiness Indicators. We would like to present one or two initiative at each Program meeting over the course of a year so Members can provide feedback on what we've missed and so you have an opportunity to make recommendations. Today we will dive into the 5<sup>th</sup> initiative area which is: Developing and connecting components of a comprehensive assessment system that includes universal screening and referral resources, developmental progress assessment, early learning progress assessment and the Kindergarten Developmental Inventory at kindergarten entry. This is also the area the new Advisory Sub-Committee will address.

FTF looks for every opportunity to provide information to families by use of any and all means including technology. We do this in an attempt to help provide families support in the development in their children's lives. We look at physical, oral, mental health and early literacy as a preventative approach across all our services. For early literacy, it's not only about children learning to read by the time they enter kindergarten, it's about helping families know how important it is to support acquisition of language and vocabulary and how to access supports. Regarding expansion and access to high quality programs, a big partner in our work is through ADE and specifically through the grant they received last year for preschool program development.

After a brief overview of the Initiatives, Dr. Peifer discussed the Arizona Early Childhood Comprehensive Systems (ECCS) Grant which is a Federal grant received approximately a year and a half ago and which FTF administers. The goal of those involved with the ECCS meetings is to use a collective impact approach to get all partners working towards a shared goal. Our first task was to talk about language and talked about the definition, is it a delay or concern. In Arizona the threshold for services through Part C is a 50% delay in either domain and what happens if say they are at a 45% delay and don't meet the threshold. We've prioritized 10 areas we want to focus on and are looking at shared measures. Of these 10 areas, we've identified three priority areas each with a workgroup tasked with a specific area as listed in the handout. This is a small grant but we've been successful in engaging families through a contract with Raising Special Kids through forums across the state. It was a natural fit to work with them because they've already engaged parents and helped parents identify peer-to-peer support and including them in this process and identifying what services they need. All this work aligns to what we're looking at in terms of kids being ready for school through the Kindergarten Developmental Inventory (KDI).

Member's feedback and comments; Member Cunningham offered that the Arizona Department of Health Services has access to telemedicine if needed. Member Rosenberg shared an experience through head start with a child that had Down Syndrome in our three year old classroom and was taken to Child Find and they couldn't look at him because the previous Pediatrician's diagnosis had expired and so the single Mother had to take her child to another Pediatrician for reassessment and they did say yes, the child still has Down Syndrome and qualified. The way the Child Find screening works is the screening, then they tell the child what they've found and then doing the IEP and this put the child six months behind in receiving services through the State and for this type of disability that doesn't go away, you shouldn't have a shelf life for the diagnosis, it should be for the lifetime because it can slow down access to the services. Ms. Woodhouse believes some of the work through the ECCS grant is connecting some of these folks so they can work through identification in the system and through consents that the parents are aware of as well and in streamlining the system. Member Saunders believes it's important that the parents do receive advocacy and information on what the consents mean.

Karen Woodhouse further discussed the comprehensive assessment system with four minimum areas of screening measures, formative assessment, environmental quality measures, and quality of adult and child interaction measures. For screenings, she spoke to family friendly tools like the Ages and Stages Questionnaire (ASQ) which is about a family being more aware and comfortable in advocating for their child if there's something that doesn't resonate with them and they can tell their providers that in using the ASQ they identified that a child wasn't walking at a certain stage and in identifying other milestones. For formative assessments is typically used in a learning center and is information a provider can use to share information on the child with parents. Right now it occurs in early learning programs and head start through ADE and they use a tool called teaching strategies gold (TSG) which informs teachers and families and used to monitor development and identify where assistance is needed. Currently, ADE is going through a process to name a contractor for a new system which may change the forms of assessments. This is interesting to Quality First because at our four star quality program, you must have assessment and progress monitoring that must occur and they report what they use. Member Representative Doolan shared that through ADE, a lot of their programs use TSG and there are typically 30,000 children statewide that use the TSG system. Once the decision is made on which system will be used, we will report to the Quality Advisory Sub-Committee. Member Rosenberg reported that the Pascua Yaqui Tribe Head Start uses curriculum based decision making. It's based on phonetic units so children are tested on their vocabulary and is very

informative and detailed, used by all their teachers use it and only takes five minutes to use and given every two weeks whereas TSG is very broad. This is a computer based tool and can be custom built to an agency and provides quantitative data. Karen will speak further with Member Rosenberg on this tool. Member Solomon asks how many of those teachers who do observations have degrees in general and what is the longevity of staff? Ms. Totten replied that 25% of staff at say a four star provider would have at least 12 college credit hours or an Associate's (AA) or Bachelor's (BA) degree or credentialed or above. Member Representative Doolan reported that through ADE, if they are a school district pre-school they must have a BA and certification. If they are head start 50% of their instructional staff must have a BA. As for retention, QF programs are currently looking at this data. Member Rosenberg additionally shared information for Tribal lands. As part of a national program for Native American Head Start Directors, this group is worried that as their head start staff are credentialed, they will be lost to school districts off tribal lands because of better pay so retention depends on region.

Arizona is part of 10 states at a national level engaged in a consortium through the Enhanced Assessment Grant for development of a kindergarten through grade three assessment. In Arizona it's called the Kindergarten Developmental Inventory (KDI) and we're working with North Carolina as the lead state and we're beginning field testing in January 2016. Cognitive labs for kindergarten are starting this and next month and in April and May for 1<sup>st</sup> through third grade. We anticipate we can use this new assessment in the fall of 2017 which will be a voluntary system initially.

#### **FY 2016 Regional Funding Plans**

Michelle Katona, Chief Regional Officer presented on the funding plans for FY16.

#### **Future Agenda Item Requests**

- Review emerging themes of unfunded approaches
- Data on improvement results and retention for teachers with an Associates or Bachelor's degree.
- Information on the Pascua Yaqui Medicaid Experiment

#### **Adjournment:**

The next meeting of the Policy and Program Committee is scheduled for May 7, 2015. Chair Decker called for further discussion items or member updates and there being none, adjourned the meeting at 12:07 p.m.